

**CONSENT FOR PRE-EMPLOYMENT CHEMICAL SUBSTANCE SCREEN FORM**

The undersigned hereby authorizes **The Family Doctors** to perform a chemical substance-screening test as a requirement for employment. \_\_\_\_\_(Initials)

In applying for employment, I understand that a chemical substance-screening test will be administered as part of the pre-employment process to determine the presence of certain drugs and substances prohibited by the facility. \_\_\_\_\_(Initials)

I further understand that the presence of chemical substances in my body fluids may result in my rejection from further consideration for employment. \_\_\_\_\_(Initials)

I authorize that the results of this chemical substance-screening test be given to **The Family Doctors** or any of its agents for employment purposes. \_\_\_\_\_(Initials)

I release and hold **The Family Doctors** and its agents, servants and employees harmless for any action in the taking or testing of the sample. I also release and hold harmless **The Family Doctors**, its administrator/practice managers, officers, stockholders (if applicable) and employees for the use of this information for employment purposes. \_\_\_\_\_(Initials)

I also acknowledge that an offer of employment has been made and that such consideration or further consideration is contingent upon my submission to and the subsequent results of this chemical screen. \_\_\_\_\_(Initials)

The drug test will consist of an initial screening test and a confirmatory test for any sample that produces a positive result. \_\_\_\_\_(Initials)

List all medications and prescription drugs you have taken within the last seven days:

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date